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ABSTRACT

This report evaluates the availability of speech-language pathologists, audiologists, physical therapists, and occupational therapists to provide federally required services to students with disabilities in Ohio schools. Findings include the following: (1) while there is a general shortage of therapists, schools tend to have more difficulty filling openings than do employers in health care settings; (2) students and existing therapists in the schools are negatively affected when districts cannot fill open therapy positions; and (3) the primary reason schools have difficulty finding therapists is poor working conditions. The report notes, however, that current changes in the health care industry could increase the number of therapists available to work in schools. It offers several recommendations concerning: improving the school working environment; developing less burdensome methods for completing required paperwork for Medicaid reimbursement; provision of temporary licenses to professionally board-licensed speech-language pathologists while they complete state Department of Education requirements; more exposure by therapists in training to school settings; re-examination of current requirements for therapists working in schools; and examination of strategies to increase the supply of therapists in rural and large urban areas. (Contains 61 references.) (DB)

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Availability of Therapists to Work in Ohio Schools

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The Legislative Office of Education Oversight (LOEO) serves as staff to the Legislative Committee on Education Oversight. Created by the Ohio General Assembly in 1989, the Office evaluates education-related activities funded wholly or in part by the state of Ohio. This LOEO report evaluates the availability of speech-language pathologists, audiologists, physical therapists, and occupational therapists to work in Ohio schools. *Conclusions and recommendations in this report are those of the LOEO staff and do not necessarily reflect the views of the Committee or its members.*

This study was completed in February 1999, presented to the Legislative Committee on Education Oversight in June 1999, and published in July 1999.

This report is available at LOEO's web site: http://www.loeo.state.oh.us

Summary

Availability of Therapists to Work in Ohio Schools

Introduction

School administrators have reported difficulty in finding therapists willing and able to work in schools.

This Legislative Office of Education Oversight (LOEO) report evaluates the availability of speech-language pathologists, audiologists, physical therapists, and occupational therapists to work in Ohio schools. School administrators have reported difficulty in finding enough of these therapists who are both qualified and willing to work in schools. Unlike teachers whose professional careers are focused on working in schools, these health care professionals have many other settings in which to work.

Federal law requires school districts to provide all children with disabilities a free and appropriate education tailored to their individual needs. Along with this specially designed instruction, districts must provide the support services necessary for a child to benefit from special education. These support services are referred to as "related services." If school districts do not provide the required special education and related services, parents may hold both the school district and the state liable.

Federal law requires school districts to provide a free and appropriate education to all children with disabilities, including therapy services.

The special education population in Ohio has grown by 24% since 1978. Not surprisingly, both the state and local districts spend substantial sums of money for special education. In fiscal year 1997, school districts and the state spent an estimated $1.2 billion on special education; an estimated $150 million of which was for related services.

The special education population in Ohio has grown 24% since 1978.

Speech-language pathologists address the needs of children with communication disorders such as poor articulation, stuttering, or difficulty in expressing ideas or maintaining conversations. Audiologists evaluate, treat, and help prevent hearing loss. Physical therapists provide treatment to increase muscle strength, mobility, and endurance with the goal of improving the student's posture, gait, or body control. Occupational therapists work with children to improve the skills necessary for daily life such as eating, dressing, writing, using a computer, or interacting with others.

In order to work in schools, speech-language pathologists and audiologists must complete coursework in education and student teaching. This is in addition to obtaining a master's degree (or a professional board license by 2002). Physical and occupational

therapists are only required to obtain a professional board license to work in schools.

Because of reported shortages, Am. Sub. S. B. 96 of the 122nd General Assembly gave the State Board of Education the authority to issue temporary licenses to speech-language pathologists to work in schools. This authority will end on January 1, 2002.

Although workforce studies of a decade ago described shortages of therapists, subsequent studies expect the shortages to begin to diminish this year.

LOEO Findings

Availability of therapists in the professions

National workforce studies of a decade ago described shortages of therapists. Subsequent studies projected that the shortages will begin to diminish this year. The emergence of managed care and recent changes in Medicare reimbursement for therapy have begun to limit the positions available for therapists in health care settings. This could result in more therapists becoming available to work in schools.

In addition, since 1990, Ohio has increased the number of training programs for therapists and therapy assistants from 46 to 72, thereby increasing their supply.

Many school districts and educational service centers are having difficulty finding therapists.

Availability of therapists in schools

When there is a shortage of therapists in the profession, schools tend to have more difficulty filling openings than do employers in health care settings. LOEO found that:

- 46% of the districts and educational service centers (ESCs) that employ or contract with at least one type of therapist had conditions indicating a shortage;
- Approximately one-third had difficulty filling speech-language pathologist positions;
- About one-fourth had difficulty filling physical therapy and occupational therapy positions;
- Very few districts and ESCs reported shortages of audiologists; and
- Schools in rural or large urban areas had the most difficulty finding therapists.

Students and therapists are negatively affected when districts cannot fill open therapy positions.

When therapy positions remain unfilled, it affects both students and therapists. To compensate for the inability to fill open therapy positions, districts and ESCs usually increase the caseload of therapists already on staff and change how services are delivered. Often the frequency or duration of therapy sessions is reduced, thus affecting the quality of the services

students receive. Some districts and ESCs reported that students went without services.

Working conditions in schools

LOEO found that schools have difficulty finding therapists primarily because the working conditions in schools are generally less favorable than in most health care settings.

The public school work environment often includes:

Poor working conditions is the primary reason schools have difficulty finding therapists.

- larger caseloads;
- inappropriate or no space to provide treatment;
- extensive traveling between buildings;
- an inordinate amount of paperwork;
- little clerical assistance;
- limited opportunities to interact with teachers and other staff; and
- a general lack of support from administrators and other professionals.

In contrast, therapists in health care settings have comparatively better working conditions. For example, they typically have designated treatment rooms, clerical assistance, and travel to only one site each day.

Paperwork is particularly burdensome for school districts seeking reimbursement from Medicaid for therapy services. Although districts could select among several different methods of documentation, some districts are using the most burdensome one.

In addition, lower salaries help contribute to schools being less attractive places to work than health care settings. Many districts link therapists' salaries to teacher salary schedules, causing the salaries in some areas of the state to be lower than what is offered in health care settings, especially starting salaries.

Conclusions

Changes in the health care industry could increase the number of therapists available to work in schools.

Recent changes in the health care industry could result in an increase in the number of therapists available to work in schools. This represents an opportunity for school districts to hire the therapists they need and thereby reduce caseloads and improve services to children. In order to attract and retain the available therapists, however, many districts will need to improve working conditions and create an environment where therapists are viewed as an important part of the education process.

Recommendations

LOEO recognizes that recent changes in state funding for special education make it difficult for school districts to predict how much they can devote to improving the salaries and facilities for related service personnel. However, districts having difficulty attracting and retaining therapists should examine the following strategies and consider which ones could work, given their local conditions.

LOEO recommends:

Improving the school working environment will help districts attract and retain the therapists they need.

- Districts consider not linking therapists' salaries to teacher salary schedules.

- Districts provide therapists with more clerical assistance to allow them to devote more time to providing therapy. This could include providing therapists with computers and therapy aides.

- Districts provide therapists with better treatment rooms and office space.

Medicaid paperwork

To reduce the paperwork required for reimbursement from Medicaid,

LOEO recommends:

- The Ohio Department of Education work with school districts to adopt the least burdensome method of documenting therapy treatment for Medicaid reimbursements.

Temporary license

To help prevent the education coursework and student teaching requirements from discouraging speech-language pathologists from moving from health care to school settings,

LOEO recommends:

- As specified in Am. Sub. S. B. 96, the Ohio General Assembly allow the current speech-language pathologist temporary license to expire on January 1, 2002.

Temporary licenses would allow professionally board licensed speech-language pathologists to work in schools while completing the Ohio Department of Education's additional requirements.

- The Ohio General Assembly give the Ohio Department of Education the authority to issue new temporary licenses to speech-language pathologists who hold professional board licenses but who have not taken the education courses or completed the student teaching requirements needed to work in schools.

Exposure to school settings

Because some therapy students may graduate without being aware that schools are viable places to practice, the Ohio Department of Education and the Ohio Board of Regents should do more to increase awareness of school settings.

LOEO recommends:

More exposure to school settings may increase the number of therapists willing to work in schools.

- The Ohio Department of Education create a new liaison position to increase the communication between college physical and occupational therapy programs and school districts.

- The Ohio Board of Regents review the college programs that prepare therapists to determine to what extent students are being introduced to school settings.

- The Ohio Board of Regents encourage colleges that prepare speech-language pathologists to establish more clinical rotations in school settings.

Requirements for working in schools

Although Am. Sub. S. B. 96 required the Ohio Board of Regents, and not LOEO, to study the college preparation programs for therapists in Ohio, we believe the requirements for working in schools are worth exploring.

LOEO recommends:

The Ohio Department of Education should examine the current requirements for therapists working in schools.

- The Ohio Department of Education work with the college speech-language pathology and audiology programs in the state, the licensing board, and the various professional associations to explore the necessity of the education coursework and student teaching requirements.

- The Ohio Department of Education work with the various college physical and occupational therapy programs, the licensing board, and the various professional associations to ensure that the therapists and therapy assistants working in schools have the necessary background and training to effectively provide services in elementary and secondary schools.

Therapists in under-served areas

Because rural and large urban areas are more likely to experience shortages, the Ohio Board of Regents should consider a number of strategies to make rural and large urban areas more attractive places for therapists to locate and work.

LOEO Recommends:

The Ohio Board of Regents should examine strategies to increase the supply of therapists in rural and large urban areas.

- The Ohio Board of Regents examine the usefulness of the following strategies to attract therapists to schools in under-served geographic areas:

  - Programs that offer scholarships and stipends to students preparing to become therapists who agree to provide services for a specified number of years in schools in under-served geographic areas;

  - College loan forgiveness programs; and

  - Colleges of speech-language pathology and audiology, physical therapy, and occupational therapy place more emphasis on recruiting potential students from geographic areas where therapists are difficult to find.

Availability of Therapists to Work in Ohio Schools

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CHAPTER I
INTRODUCTION

This Legislative Office of Education Oversight report evaluates the availability of speech-language pathologists, audiologists, physical therapists, and occupational therapists to work in Ohio schools.

School district administrators have reported difficulty in hiring and retaining therapists to provide related services to school children with disabilities. In response to these concerns, the 122nd General Assembly required in Amended Substitute Senate Bill 96 the Legislative Office of Education Oversight (LOEO) to study the shortage of speech-language pathologists, audiologists, occupational therapists, and physical therapists available to treat students in schools. These professionals are collectively referred to as "therapists" throughout this report.

Background

Special education law. Beginning in 1975, the federal government mandated that school districts serve all children with disabilities under Public Law 94-142. Re-authorized as the Individuals with Disabilities Education Act (IDEA), federal law requires school districts to:

- provide a free and appropriate education tailored to the child's individual needs in the least restrictive environment;
- conduct an extensive evaluation of the child's needs;
- create an Individual Education Program (IEP) specifying what services are to be delivered; and
- guarantee procedural safeguards for parental participation in decisions regarding the child's education.

In 1976, Ohio amended Chapter 3323 of the Ohio Revised Code to comply with federal law and to ensure the state's eligibility for federal special education funds. Currently, ORC §3301.07 requires the State Board of Education to "adopt procedures, standards, and guidelines for the education of handicapped children." State Board rules specify procedures for identification, placement, and services to children with disabilities. These rules are structured around the requirements of federal law.

Related services. While "special education" is the specifically designed instruction tailored to the unique needs of a child, federal law also requires "related services," which are the support services necessary to help a child benefit from special education. For example, if a child needs a computerized keyboard in order to communicate her answers to a lesson, she may also need the help of a speech-language pathologist to learn how to use the keyboard. In order to hear the teacher, a child may need an audiologist to monitor her hearing ability and make frequent adjustments to her hearing aid.

If a child needs a walker to maneuver around a classroom or building, he may also need physical therapy to develop the muscles needed to use the walker. A child with a learning disability travels to several teachers in different classrooms throughout the day may need the help of an occupational therapist to learn how to organize his school materials, assignments, and time successfully.

Services provided by audiologists, physical therapists, and occupational therapists in schools are generally considered "related" to other special education services. Some students, however, have only speech and language disabilities. Their speech-language therapy would be considered their "primary" special education service, and not a "related service."

The way in which districts obtain related-service providers varies. Large city districts usually employ most or all of their own therapists. Smaller districts often find it more practical to contract with private providers or to arrange for services from one or more of the following sources:

- Educational Service Centers (ESCs);
- Other school districts; or
- County Boards of Mental Retardation and Developmental Disabilities (MR/DD).

School districts tend to use ESCs and other nearby districts most often. Appendix A provides a description of each of these sources of related services as well as the role of the Special Education Regional Resource Centers (SERRCs).

Competition with other settings for therapists. Unlike teachers whose professional careers are focused on working in schools, therapists have many other settings in which to work. Health care providers such as hospitals, rehabilitation centers, and nursing homes, compete with schools for therapists. As the general population has aged and as new fields such as sports medicine have emerged, demand for therapists' services has increased.

Growth in numbers and needs. School districts are identifying increasingly more children with special needs. The special education population in Ohio has grown 24% since 1978, from 183,246 to 227,620. In addition, due to advances in medical care, infants are surviving life-threatening conditions and eventually are coming to school with a myriad of special needs. In order to have these students benefit from instruction, schools must attend to their related needs. If schools cannot fulfill their responsibilities and disabled children go without services, courts may hold districts liable.

Funding. Both the state and local districts spend substantial sums of money for special education. In fiscal year 1997, school districts and the state spent an estimated $1.2 billion on special education; an estimated $150 million of which was for related services. Recent changes in state funding for special education, in Amended Substitute House Bill 650 of the 122nd General Assembly, have made it difficult for some districts to predict the amount of funding they can devote to related services.

Perceived causes of shortages. A number of possible causes for the shortage of therapists in schools have been suggested. Some say universities are intentionally creating a shortage by not allowing enough students into the training programs. Others claim that the requirements for working in schools are unnecessarily high. Still others suggest that low salaries and poor working conditions keep available therapists from working in schools.

Scope of study

As noted, Am. Sub. S. B. 96 required LOEO to study the possible shortage of speech-language pathologists, audiologists, physical therapists, and occupational therapists in schools. The bill also required the Ohio Board of Regents to study issues related to preparing therapists in Ohio colleges and universities and their impact on therapist supply. Given that the Regents was charged with studying the issues of "supply," this LOEO study does not address questions related to preparation programs. Nor does it address the availability of other related-service personnel, such as school psychologists, counselors, interpreters, nurses, and adapted physical education specialists.

This report addresses the primary question: **Is there a shortage of therapists willing to work in schools?** If schools are experiencing shortages, additional research questions would include:

- In which professions do shortages occur?
- Are shortages limited to school settings?
- What type of districts and which geographic areas are experiencing shortages?
- What are the causes of shortages?
- What are the effects of the shortages?

Methods

To complete this study, LOEO:

1. Reviewed pertinent literature on the four professions, including their training and licensure requirements;
2. Interviewed members of the relevant licensing boards and professional associations;
3. Shadowed three speech-language pathologists, a physical therapy assistant, and an occupational therapist as they provided services to students;
4. Mailed questionnaires asking about shortages to special education administrators in school districts and educational service centers (ESCs) throughout the state;
5. Conducted telephone interviews of 11 therapists working in schools and 11 private companies that employ therapists who primarily work in health care settings. Interviewees were randomly selected to represent areas of Ohio where the questionnaire results indicated a shortage of therapists in schools;
6. Analyzed data on the type of impairments in speech-language pathologist caseloads; and
7. Analyzed data on therapists' salaries.

A selected bibliography is provided in Appendix B.

CHAPTER II
DESCRIPTION OF PROFESSIONS

This chapter describes the speech-language pathology, audiology, physical therapy, and occupational therapy professions. It explains how each profession helps children with disabilities benefit from the special education instruction offered to them and describes the training necessary for therapists to become professionally licensed and to work in schools.

Speech-language pathologists and audiologists

Speech-language pathologists. These health care professionals evaluate, diagnose, treat, and prevent communication and swallowing disorders. In school settings, they tend to treat students experiencing disabilities in speech or language. Symptoms of disabilities include poor articulation, stuttering, speech that is difficult to understand, not creating the correct sounds at the right times, or problems in starting or maintaining conversations. These problems can range from mild to severe. Often mild or moderate delays can be corrected if diagnosed and treated early.

Children with poor articulation have trouble pronouncing the sounds of certain letters. For example, if a student has difficulty articulating beginning and ending "r" sounds, the therapist would explain and demonstrate to the student where to place his tongue to correctly make the sound. The therapist would then use exercises and activities that allow the student to practice correctly making the "r" sounds.

Children with language disorders have trouble processing and producing language. For example, LOEO observed speech-language pathologists helping students remember important concepts, such as the number of eggs in a dozen or the number of dimes in a dollar, distinguishing between similar words such as "went" and "want" or "they" and "them," and using pronouns properly in a sentence.

In a classroom of severely disabled students, LOEO watched a speech-language pathologist help her students communicate with an electronic communication device. This device received input through a giant keyboard and spoke the message the students created. Students would select keys or icons presenting pictures and words to create messages.

Speech-language pathologists also participate in evaluating and developing the individual education programs for their students. In addition, speech-language pathologists may work closely with classroom teachers to adapt regular classroom activities to accommodate students' disorders or engage in preventative practices, such as assisting teachers with students who have not been diagnosed as having a disability, yet are having some language difficulties.

Over the past several decades, the complexity of school speech-language pathologists' caseloads has increased dramatically. In the 1960s, school speech-language pathologists worked primarily with young children who had mild to moderate articulation problems. The American Speech-Language-Hearing Association (ASHA) reported that articulation disorders accounted for about 81% of caseloads in 1960. Today articulation problems account for less than half of the school speech-language pathologist's caseload.

A 1998 Ohio Department of Education (ODE) survey asked school speech pathologists to breakdown their caseloads by one of four major handicaps: language, articulation, fluency, or voice. The results from that survey indicated that, on average, 49% of the students in Ohio where identified with language problems and 47% with articulation problems.

Audiologists. These professionals evaluate, treat, and help prevent hearing loss. Although school nurses or speech-language pathologists may conduct hearing screenings, a school audiologist would be responsible for developing and supervising the school's hearing identification and prevention program. School audiologists maintain and calibrate audiology equipment, recommend the use of special equipment such as hearing aids, refer students for possible surgery or medication, and make recommendations regarding classroom acoustics. Audiologists also help the student and family to understand the problem, the treatment plan, and how best to help the child use his remaining hearing.

At the beginning of the 1996-1997 school year, there were only 33 full and part-time audiologists employed by Ohio's public school districts. Most districts and educational service centers contract or make special arrangements for the audiology services they need. The Ohio Educational Audiology Network feels that the lack of local, state, and federal funding, as well as a general unawareness of the services that audiologists provide, limits the number of audiology positions in schools.

Professional board licensure. The Ohio Board of Speech-Language Pathology and Audiology requires a master's degree or its equivalent in speech and hearing, supervised professional experience, and a passing score on a national exam to obtain a professional license. Of the states that regulate the speech-language profession, all but one requires a master's degree. Thirty-two states, including Ohio, currently exempt school speech-language pathologists from their state's professional licensing standards.

Requirements to work in schools. Speech-language pathologists and audiologists were always required to have a separate ODE credential to work in schools. To obtain this credential, they are required to have a master's degree or its equivalent in speech and hearing, a passing score on a professional exam, education course work, and student teaching experience.

Each university program determines the amount of education course work required, which ranges from two to six courses. ODE also requires one semester of student teaching. In addition to Ohio, 40 other states require some education course work and/or student teaching before speech-language pathologists can work in schools. In 37 states, a master's degree or its equivalent is required for speech-language pathologists to work in schools.

Historically, Ohio speech-language pathologists and audiologists were not required to have a professional license from their board to work in schools. However, in 1996, Amended Substitute Senate Bill 230 of the 121st General Assembly mandated that after January 1, 2002 speech-language pathologists and audiologists working in schools must have a professional license. Speech-language pathologists and audiologists currently working in schools without a board license must apply for a waiver by January 1, 2001. Appendix C provides more detail on the historical and ongoing changes in licensure of speech-language pathologists and audiologists.

Temporary licenses for speech-language pathologists. The most recent changes in Ohio law to affect speech-language pathologists who work in schools occurred in 1997 with Am. Sub. S. B. 96 of the 122nd General Assembly. This act allowed the State Board of Education to issue a "temporary license" to speech-language pathologists to work in schools. This authority will end on January 1, 2002. To qualify for the new temporary educator license, a person must have at least a bachelor's degree in speech and hearing. The temporary license expires one year after it is issued.

The temporary educator license may be renewed only if the district or the educational service center presents evidence that the temporary license holder either: 1) is enrolled in a master's degree program leading to a license; or 2) within the past year has applied to a master's degree program in Ohio leading to a license and is qualified to be unconditionally enrolled in that program, but was denied enrollment.

Virtually every state has individuals working with temporary or emergency speech-language certificates due to reported shortages in schools. Prior to Am. Sub. S. B. 96, temporary educator certificates for Ohio school speech-language pathologists were not legally permitted. According to the Ohio Department of Education, there are currently about 70 speech-language pathologists working in Ohio's schools with a temporary educator license.

Use of assistants and aides. Unlike licensing boards in some states, the Ohio Board of Speech-Language Pathology and Audiology does not license *assistants*. In fact, both the Ohio Speech and Hearing Association (OSHA) and the Ohio School Speech Pathology and Educational Audiology Coalition (OSSPEAC) oppose the use of assistants.

OSHA cites data presented by the American Speech-Language-Hearing Association (ASHA) which indicates that only 11 states, primarily in the South, license or register assistants due to the small number of programs available in the area to train speech-language pathologists. While ASHA has issued guidelines for the training, use, and supervision of assistants, it has also raised concerns about the potential misuse of assistants in providing unsupervised, direct services to patients.

ASHA, OSHA, and OSSPEAC do support the use of *aides*. Speech-language and audiology aides are trained by service providers and are licensed by the Ohio Board of Speech-Language Pathology and Audiology. Aides, who are required to have a high school diploma, can assist therapists by completing paperwork, programming communication devices, preparing and organizing therapy materials, assisting in group intervention, and managing the transport of students to and from therapy sessions. According to the Ohio Board of Speech-Language Pathology and Audiology there are about 60 audiology and 20 speech-language aides licensed in Ohio, none of whom work in schools.

Physical and occupational therapists

Physical therapists. These therapists evaluate and treat health problems that typically involve the proper functioning of the mid-section, arms, or legs. Usually, these health problems are severe or chronic and require ongoing, long-term intervention. The goal of physical therapy is to improve gross motor skills, functional ability, joint motion, and integrate reflexes to help improve mobility and balance. Often equipment such as wheelchairs, walkers, and braces are used as a part of the treatment.

A physical therapist could work to improve a student's ability to walk to classes, get in and out of classroom chairs, climb flights of stairs, or participate in physical education classes. For example, a physical therapist LOEO observed had a child walking up a "tilt board" to improve his balance.

Occupational therapists. These therapists evaluate and treat disabilities that impair daily life functioning or the ability to meet the demands of the classroom. Examples include being able to dress and feed oneself, knowing how to take turns, and learning school-related tasks such as writing, using a computer, and managing books and papers.

Children who need occupational therapy may have trouble with sensory-motor skills. They may have trouble keeping their balance, which prevents them from maneuvering around the classroom or sitting upright so that they have both hands free to write. Occupational therapists can help students attend to and respond to sensory information, such as seeing and interpreting letters in order to read and write.

They may help students develop specific muscles and coordination. For example, an occupational therapist may work with a kindergarten student who has trouble with the fine motor skills necessary for writing. The child may not be able to isolate the correct hand and wrist motion and instead may move his whole arm to use a pencil. The occupational

therapist can provide exercises to help him use his hand and wrist correctly, or the therapist may provide a "pencil grip" device that helps him develop the appropriate motion.

Professional board licensure. To practice occupational or physical therapy in Ohio, therapists must have a license from the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. To obtain a license, a candidate must earn a baccalaureate degree from an accredited program, successfully complete supervised field work experience in an approved training program, and pass a written examination.

As of January 1, 2002, the Commission on Accreditation in Physical Therapy Education will no longer accredit *baccalaureate* programs. Because licensing boards will only license graduates of accredited programs, universities are in the process of changing from baccalaureate to master's degree programs for physical therapists. No similar change is underway for occupational therapists; they can continue to obtain a board license and work in schools with a baccalaureate degree. Appendix C provides more detail on the licensing of physical and occupational therapists.

Requirements to work in schools. The only requirement for physical and occupational therapists to work in schools is to obtain a professional board license. In other words, unlike speech-language pathologists and audiologists, physical and occupational therapists *do not* have any additional requirements to obtain an ODE license to work in schools.

Use of assistants and aides. The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board licenses both physical and occupational therapy *assistants*. Currently, there are over 3,200 physical therapy assistants and over 1,800 occupational therapy assistants licensed in Ohio. Assistants must be supervised by a licensed therapist and must have a two-year associate degree that includes one year of general education classes and one year of technical courses. Under Ohio's new teacher licensing standards, physical and occupational therapy assistants who are employed by schools will be required to have a license issued by the Ohio Department of Education.

Although unlicensed, physical and occupational therapy *aides* are trained by service providers to provide limited and supervised assistance to therapists and therapy assistants. The level of required supervision for aides is much more stringent than for assistants and the functions they perform are more clerical and supportive in nature.

Summary of requirements for working in schools

As noted, the Ohio Department of Education requires speech-language pathologists and audiologists to complete education course work and student teaching to work in schools. These requirements go beyond what is necessary to obtain a professional license from the Ohio Board of Speech-Language Pathology and Audiology. Such requirements are not required of physical and occupational therapists to work in schools. The requirements for each type of therapist are summarized and compared in Exhibit 1.

Exhibit 1
Requirements for Therapists to Work in Schools

Profession	Professional Board License	Minimum Degree in Professional Field [a]	Passing Score on National Examination [a]	Education Courses	Student Teaching Experience
Speech-Language Pathologist and Audiologist	Yes [b]	Master's	Yes	Yes	Yes
Physical Therapist	Yes	Baccalaureate [c]	Yes	No	No
Occupational Therapist	Yes	Baccalaureate	Yes	No	No

a Also required for professional board licensure.
b This 1996 change in law goes into effect for 2002 graduates.
c Will change to a master's in 2002.

Number of therapists working in schools. In Ohio, over 40% of all practicing speech-language pathologists are employed by public schools. In contrast, the physical and occupational therapy professions have a much smaller proportion of therapists employed by schools. Exhibit 2 summarizes the number of each type of therapist *employed* in Ohio and by public schools. These numbers do not include therapists who *contract* to work in schools.

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Exhibit 2
Therapists Employed in Ohio and by Public Schools
1996-1997

Profession	Employed in Ohio	Employed by Public Schools	
		Number	Percent
Speech-Language Pathologists & Audiologists	4,290	1,811	42.2%
Physical Therapists	3,560	125	3.5%
Occupational Therapists	2,250	224	10.0%

Source: Ohio Bureau of Employment Services and the Ohio Department of Education's Education Management Information System.

The Ohio Bureau of Employment Services does not distinguish between speech-language pathologists and audiologists. However, LOEO learned that of the 1,811 speech-language pathologists and audiologists working in schools, 1,778 are speech-language pathologists and 33 are audiologists.

CHAPTER III
AVAILABILITY OF THERAPISTS

National workforce studies of a decade ago described shortages of speech-language pathologists, audiologists, physical therapists, and occupational therapists. Subsequent studies, however, projected that the shortages will begin to diminish this year. While many Ohio school districts are having difficulty finding therapists, they could benefit from recent changes in the health care industry.

Availability of therapists in the professions

National workforce studies from the late 1980s and early 1990s described the shortages of therapists. The shortages may be diminishing as changes in the health care industry and Medicare funding have begun to limit the demand for therapists. The emergence of managed care has dramatically controlled and reduced the amount of dollars devoted to health care in general and therapy services in particular.

In addition, the Balanced Budget Act of 1997 placed caps on Medicare spending for certain services. Effective January 1, 1999, a Medicare patient who is not in the hospital is limited to $1,500 annually for both physical therapy and speech-language therapy combined. Occupational therapy services are capped at another $1,500. A further change replaces the "cost reimbursement" billing system to one based on a "fee schedule," which reduces the reimbursement rate for many health care facilities, such as nursing homes and rehabilitation centers. Facilities are responding to these changes by reducing the amount of therapy services provided to patients, resulting in fewer jobs for these professionals.

Because there is less funding available for therapy services, health care providers are opting to use more physical and occupational therapy assistants and aides. The result of this practice is a higher ratio of assistants to therapists who must supervise them. For speech-language pathology and audiology, there may be an increase in the use of aides or a substitution of other types of therapy services because the use of assistants is discouraged. Appendix D provides more detail on the national workforce studies and changes in health care.

Since the shortages of therapists were identified a decade ago, the number of college programs to train these professionals has increased in Ohio. As recently reported to the Ohio Board of Regents by the Study Committee for Statewide Review of Allied Health Professionals, there are now a total of 72 college programs to train therapists or their assistants, an increase from 46 in 1990. These include all programs at the associate, baccalaureate, master's, and doctorate levels distributed across 36 different institutions of higher education.

During this period, the number of students enrolled in speech-language pathology and audiology, physical therapy, and occupational therapy programs has increased 113%; the number of graduates has increased 51%.

Availability of therapists in schools

Historically, schools have had trouble competing with health care settings for therapists, especially when there were shortages in the professions. Officials from the various professional licensing boards and professional associations have mixed opinions about whether there is a shortage of therapists in schools. For example, an administrator from the Board of Speech-Language Pathology and Audiology believes enough speech-language pathologists exist, but many of them may be unwilling to work in schools.

Similarly, an official from the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board believes that, although there are not precise figures on physical or

occupational therapists vacancies in Ohio, there is no overall shortage of physical therapists. In fact, in the next year or so, he anticipates a glut of physical therapists in the employment market. This view is consistent with the results of national workforce studies.

On the other hand, a representative of the Ohio Occupational Therapy Association believes there is a shortage of occupational therapists in schools. Whether schools employ therapists directly or through contracts, she says that there is often difficulty filling positions.

To gather information about the possible shortage of school therapists, LOEO mailed questionnaires to special education administrators in all city and exempted village districts and to all educational service centers (ESCs) throughout the state. Since local school districts are served by ESCs, we asked ESCs to include local districts in their responses. A total of 270 questionnaires were returned, representing 545 of the 611 Ohio school districts.

Definition of a shortage. LOEO studied whether there is a shortage of *therapists* to fill currently available positions. We did not study whether there is a shortage of therapy *positions* to meet the needs of students in districts. Therefore, although some associations claim that there are not enough speech-language pathology and audiology positions in schools, this was not the focus of the LOEO study.

The most common way to think of a shortage is when demand exceeds supply. Since Am. Sub. S. B. 96 authorized the Ohio Board of Regents to study supply-related issues, LOEO could not compare our demand-related figures with the supply of available therapists in Ohio. Therefore, we used alternative indicators of a shortage.

According to Kathleen Hebbeler in her article, *Shortages in Professions Working with Young Children with Disabilities and Their Families*, indicators of a shortage include vacancies remaining unfilled or being filled with under-qualified people. LOEO applied these indicators and asked administrators if they experienced any of the following conditions while trying to hire speech-language pathologists, physical therapists, and occupational therapists:

- Had an unfilled position as of October 1, 1997 for the 1997-1998 school year; or
- Took more than three months to hire for the most recent open position; or
- Took more than three months to hire for a position in the last five years.

For speech-language pathologists, we asked if two additional conditions were present:

- Employing speech-language pathologists with a temporary educator license to work in schools; or
- Employing speech-language pathologists with no certification or temporary license.

The Ohio Department of Education does not issue temporary educator licenses for audiologists, physical therapists, or occupational therapists, so administrators were not asked about temporary educator licenses for these professions. In addition, since all Ohio school districts and ESCs employed only 33 audiologists during the 1996-1997 school year, we only asked administrators if they had an unfilled audiologist position as of October 1, 1997.

Districts and ESCs reporting any condition of a shortage. The way in which districts and ESCs obtain therapists varies. Districts and ESCs can employ therapists, contract with them, or make other arrangements for services. Many districts and ESCs use a combination of these approaches to serve all the children needing related services in their district. The questionnaire results reported here are limited to the 262 districts and ESCs that indicated they hire or contract with at least one type of therapist.

Exhibit 3 presents the percent of districts and ESCs reporting <u>any</u> of the conditions of a shortage. A total of 121 districts and ESCs (46%) reported conditions of a

shortage in one or more of the professions. About one-third reported conditions of a shortage for speech-language pathologists and about one-fourth reported them for physical and occupational therapists.

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Exhibit 3
Districts and ESCs Reporting Any Condition of a Shortage

Profession	Employing or Contracting with One or More Therapists	Reporting Any Condition of a Shortage	
		Number	Percent
Speech-Language Pathologists	260	90	35%
Audiologists	79	2	3%
Physical Therapists	194	45	23%
Occupational Therapists	202	51	25%
Across all professions	262	121	46%

Appendix E provides further breakdowns of these results by the number of districts and ESCs who still had unfilled positions as of October 1st of the school year and the length of time it took to hire for open positions. It also reports the number of school administrators who perceive that there is a shortage in contrast with the number of districts and ESCs that show signs of actually having a shortage.

Type of districts with shortages. Exhibit 3 provided statewide evidence that there are districts and ESCs that are having difficulty finding therapists. When the LOEO questionnaire results are further analyzed, it becomes evident that these difficulties are especially prevalent in specific types of districts.

Exhibit 4 breaks the districts into the eight "comparison" groups used by the Ohio Department of Education to identify districts with similar population density, income, and other socio-economic factors. Educational service centers are included as an additional comparison group because they responded for the local districts on the LOEO questionnaire. The shaded cells report percentages greater than the statewide average.

ESCs can be considered "rural" because 80% to 90% of their member districts are in rural areas. By taking into account the results from the ESCs and Comparison Group 1, it is evident that rural districts are having considerable difficulty finding all three types of therapists. For example, 60% of the ESCs reported shortages for speech-language pathologists; 41% for physical therapists; and 47% for occupational therapists.

In addition, roughly half of the major urban districts in Comparison Group 6 reported shortages of all three types of therapists. Suburban and small town districts are least likely to have reported shortages of therapists.

Exhibit 4
Percent of Districts and ESCs Reporting Shortages by Comparison Group[a]

Comparison Group Number	Comparison Group Description	Speech-Language Pathologists	Physical Therapists	Occupational Therapists
Educational Service Centers	Serve all types of districts, but primarily local/rural districts	60%	41%	47%
1	Rural - Low SES- High Poverty	46%	40%	17%
2	Rural – Low SES – Low Poverty	8%	0%	10%
3	Small town – Moderate SES	20%	11%	16%
4	Urban – Low SES - Very High Poverty	33%	13%	8%
5	Urban – Moderate SES – Average Poverty	36%	22%	38%
6	Major Urban – Very High Poverty	46%	55%	46%
7	Urban/Suburban – High SES	23%	15%	18%
8	Urban/Suburban – Very High SES	20%	12%	15%
Statewide Average[b]		35%	23%	23%

a - Comparison Group descriptions as of 1997.
b - Shaded cells indicate percentages higher than the statewide average.

These findings are consistent with the results of national workforce studies which also found that rural and large urban areas experience the most difficulty finding therapists. Results from LOEO interviews with private providers, therapists, and officials from professional associations and licensing boards support these conclusions for their respective professions.

Appendix F provides a further breakdown of these questionnaire results by nine geographic regions of the state.

In sum, while changes in the health care industry and in Medicare funding have begun to alleviate past shortages of therapists nationally and in Ohio, some schools are having difficulty finding therapists to provide related services to children with disabilities. As many as 46% of the Ohio school districts and ESCs that hire or contract for therapists had conditions indicating a shortage during the 1997-1998 school year. The difficulty was most acute in rural and large urban areas of the state.

CHAPTER IV
CAUSES OF SHORTAGES IN SCHOOLS

Poor working conditions are the primary reason schools have difficulty finding therapists. However, the Ohio Department of Education's additional training requirements may also discourage speech-language pathologists from moving from health care to school settings.

One suggested cause of the shortage in schools is that college programs do not adequately prepare students for working in schools. Several school therapists told LOEO that because physical and occupational therapy programs emphasize working in health care settings, students are not adequately exposed to work in school settings. Students enrolled in speech-language pathology programs must decide early in their training programs whether they want to work in schools or risk graduating without having taken the course work or having the student teaching experience needed to work in Ohio's schools.

Competition for hiring therapists

In order to hire therapists, schools must compete with hospitals, nursing homes, rehabilitation facilities, private medical practices, and staffing agencies. LOEO found that these health care settings are more aggressive than school districts at contacting and building relationships with college programs in order to recruit prospective students. Health care settings are more likely to directly contact college programs and attend job fairs than school districts.

National workforce studies have identified the factors that are most important to therapists who are seeking employment. These factors, which vary in order of importance from study to study, include:

- Salary;
- Working conditions, including location, caseload, and flexibility of scheduling;
- Advancement opportunities; and
- Professional development opportunities.

School districts could reduce the impact of competition from health care settings by making schools more desirable places to work. LOEO found that schools tend to have relatively poor working conditions compared to health care settings.

Working conditions in schools

To get an overall picture of the working conditions of therapists in schools, LOEO shadowed three speech-language pathologists, a physical therapist, and an occupational therapist working for an ESC. We also conducted telephone interviews with 11 therapists who work in public schools and 11 private providers who supply therapists to health care settings and occasionally to schools.

The therapists LOEO spoke with had positive things to say about working in schools. Most frequently mentioned was the joy of working with children, helping children become independent, and positively impacting children's education. Therapists also appreciate having summers off and working with teachers and parents.

However, both LOEO's shadowing experience and the results of telephone interviews reinforced the perception that working as a school therapist has definite drawbacks. The public school working environment often includes larger caseloads, lack of designated space to provide treatment, extensive traveling between buildings, a disproportionate amount of paperwork, little clerical assistance, and limited opportunities to interact with and be supported by teachers and other staff. Exhibit 6 contrasts the working conditions of health care settings and public schools.

Exhibit 6
Working Conditions of Therapists

	Health Care Settings	Public Schools
Caseload (Speech-language pathologists)	16 to 30 (usually one-on-one)	50 (often in groups)
Designated and appropriate space for treatment	Always	Varies by school
Traveling to different sites in same day	Rarely (except for home health)	Often (sometimes across long distances)
Amount of paper work	10% to 30% of time	13% to 40% of time
Clerical assistance	Usually	Rarely
Availability of computers	Usually	Rarely
Contact with and support from other professionals	Not an issue	Problematic

Caseload. A 1997 American Speech-Language-Hearing Association (ASHA) member survey reports that the average caseload for full-time certified speech-language pathologists is 40 and the median caseload is 35. Exhibit 7 shows that speech-language pathologists who work in schools have a higher caseload than in any other work setting.

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Exhibit 7
Monthly Caseload of Speech-Language Pathologists by Employment Setting

	All Respondents	School	Hospital	Residential Health Care	Nonresidential Health Care
Median	35	50	24	13	25
Mean	40	52	30	16	28

Source: 1997 American Speech-Language-Hearing Association Omnibus Survey.

A 1998 Ohio Department of Education survey indicated that the average caseload of full-time school speech-language pathologists is 60, which is 20% higher than the national figure for school settings reported by ASHA. For students with mild to moderate disabilities, ASHA recommends a ratio of one speech-language pathologist to 40 students. For students using assisted communication devices, the recommended ratio is one to eight students. One speech-language pathologist LOEO spent the day with had a caseload of 70 students, six of whom were using assisted communication devices.

A 1993 survey of school-based occupational therapists reported an average caseload of 37 students. The Ohio Occupational Therapy Association estimates that current caseloads range from 40 to 60 patients. Neither the national nor state physical therapy associations have average caseload information about schools.

Lack of space for treatment. All the private providers report that their therapists have designated space to provide treatment. These include patients' rooms, treatment rooms in clinics or hospitals, or the patient's home for those providing home-health services. Therapists working in public schools report different experiences. They seem to be just as likely to not have a room for treatment as to have one.

Not having a designated space can impinge on the quality of the treatment provided. For example, some children are embarrassed to do therapeutic exercises in the hallways in full view of passing students. If therapists do not have a designated space, they must carry equipment from place to place; otherwise, that equipment cannot be used by students who could benefit from it.

Even when a therapist is given a designated space to provide treatment, the space is not always appropriate. As described by one therapist LOEO interviewed:

> In one building, I wander the hallway looking for space... As a therapist, you see every nook and cranny in the school – broom closets and furnace rooms are possible. [You] never know where you will be.

Traveling. Therapists who work for schools often travel long distances between school buildings on the same day. Racing from one school to another while eating lunch in the car is not uncommon for therapists working in schools. One physical therapist LOEO interviewed said she spends 35 hours per month traveling to and from buildings, which is the equivalent of one week each month. Traveling is often mentioned as one of the reasons rural school districts have difficulty finding therapists.

Those working in health care settings do not face the same conditions. Therapists LOEO interviewed in health care settings generally do not travel to more than one site in a single day. The exception is home-health workers who travel to a different home for each patient.

Paperwork and clerical assistance. LOEO interview results indicate that therapists in both health care and school settings spend considerable time on paperwork. Some therapists claim that as much as 30% to 40% of their time is spent completing paperwork. For school therapists, there is much paperwork involved in the initial evaluations and Individual Education Programs prior to a child receiving services. According to some school therapists, the paperwork can serve as a deterrent to teachers and parents from seeking out special education services for a child. In addition, documentation is required for services rendered.

Therapists told LOEO that they are required to document what they do during each therapy session. For example, physical therapists are required to document how much time they spend with each muscle group (e.g., which part of the arm, elbow, or wrist; whether working on full range of motion or partial). For therapists working with children who have chronic conditions, and for whom the therapy provided is the same each session, this documentation feels like a terrible waste of time that could be better spent providing more direct services.

Paperwork is particularly burdensome if the school district tries to seek reimbursement from Medicaid or private insurance companies. In order to calculate an average cost of the services provided, districts report having to document every encounter with each student, even those not on Medicaid. Some districts told LOEO that all the paperwork required for reimbursement from Medicaid or private insurers is not worth the small amount of money they receive. Completing this paperwork is even more problematic for school therapists because it is usually done in long-hand, not aided by computers and checklists as is done in hospital and other health care settings.

However, according to officials from the Department of Mental Retardation and Developmental Disabilities (MR/DD), which administers the Medicaid program for schools, they have worked to reduce the documentation burden on school therapists. For example,

MR/DD allows school districts to use computers and to use a list of defined codes rather than writing out the description of therapeutic services in long hand. Many school districts are, however, not using the least burdensome method for Medicaid documentation.

Therapists working in health care settings usually have extensive clerical assistance to help with the paperwork. School therapists rarely have any such assistance. Virtually all of the school therapists explained that they usually do not have enough time to do the paperwork at school, so consequently, they have to do it at home. Those working for private providers would be paid an hourly rate for this time; therapists working in schools receive no additional pay for hours spent after school doing paperwork.

Lack of contact with other professionals. As LOEO shadowed and interviewed various therapists, the limited contact with teachers and even with other therapists became evident. One speech-language pathologist managed to squeeze in a 15-minute lunch with elementary teachers. An occupational therapist explained that although her schedule provided time to travel to schools as far as 30 miles apart, the schedule could not accommodate getting to all of the schools at a time when classroom teachers were available to discuss individual students.

Although the law requires that classroom teachers participate in the IEP conferences with parents, a speech-language pathologist explained to LOEO that it is not always possible to schedule the conference at a time when teachers can get away from their classrooms. Another speech-language pathologist said she would like to see other teachers and parents more often, but every meeting with them eliminates a session with children.

Lack of support. LOEO interviews with therapists revealed that they sometimes do not feel supported by teachers and administrators at the building or the district level. Describing this lack of support, a speech-language pathologist expressed:

> I did speech therapy on the school's front steps, did testing in the back seat of my car. This year I finally got to share an office with the in-school suspension office, but I got a call last week that they were taking it away. Right now, therapists in general have no clout with the district. In addition, the union doesn't care about us. Even though we have to be union members, the union sees us as competing with teachers for resources. For example, when they took our offices away, the union man said that the money for offices would be better spent on teacher salaries.

Salary differences. Nearly everyone LOEO interviewed mentioned low salaries as a probable cause of shortages in schools. A number of respondents were more specific in identifying low *starting* salaries as the real cause, explaining that after a number of years public school salaries would grow to be comparable to those offered in health care settings. A further distinction is that therapists in health care settings are paid for each hour worked, while those in schools receive a flat salary regardless of how many hours per day or week they work.

From the LOEO questionnaire results, 91% of districts base speech-language pathologist's salaries on teacher salary schedules. Far fewer districts base physical therapists' salaries (19%) and occupational therapists' salaries (21%) on teacher salary schedules. LOEO's results indicate that districts, which base therapists' salaries on teacher salary schedules, are more likely to experience shortages than those who do not.

In an effort to report on salary differences, LOEO collected and analyzed salary data from school as well as health care settings. However, we concluded that the data were not adequate to make accurate comparisons.

Requirements for therapists to work in schools

As noted, to work in schools the Ohio Department of Education (ODE) requires speech-language pathologists and audiologists to complete education course work and student teaching. These requirements go beyond what is necessary to obtain a professional license from the Ohio Board of Speech-Language Pathology and Audiology.

Given the changes in health care settings, there could be more therapists becoming available to work in schools. However, speech-language pathologists and audiologists who have worked in health care settings cannot simply begin working for school districts. For example, if a professionally licensed speech-language pathologist did not take the education courses or student teaching in college, he would have to make an additional investment in both time and money to meet these ODE requirements to now work in schools.

ODE does not place additional requirements on physical and occupational therapists. Physical and occupational therapists that meet the professional board requirements automatically meet the ODE requirements. Therefore, it is easier for physical and occupational therapists to move from health care to school settings in Ohio, whether or not they have any familiarity with school settings.

CHAPTER V
EFFECTS OF SHORTAGES ON SCHOOLS

Districts use a variety of approaches to compensate for the lack of therapists. Some districts increase existing therapists' caseloads; other districts provide more therapy in group settings rather than one-on-one with students; still others contract with private companies for therapists.

When school districts are unable to fill open therapy positions, therapists and students are affected. One strategy that districts use to compensate for not being able to hire therapists is contracting with private providers. Contracting has both benefits and drawbacks.

Effect on therapists

LOEO's questionnaire asked administrators how they responded when therapy positions went unfilled. Exhibit 8 displays the strategies districts and ESCs reported using when they had an open therapy position at some point during the 1997-1998 school year. The primary strategy districts and ESCs used to compensate for open speech-language pathology positions was to increase the caseload of the therapists already on staff (83%). Far fewer districts and ESCs used this approach for physical therapy (26%) and occupational therapy (32%). In response to open physical therapy positions, administrators most often reported making no staffing changes (35%). Districts and ESCs were most likely to hire assistants (35%) when they could not fill an occupational therapy position during the school year.

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Exhibit 8
How Districts and ESCs Responded to Unfilled Therapy Positions

Strategies [a]	Percent of Districts and ESCs		
	Speech-language Pathologists N = 30	Physical Therapists N = 23	Occupational Therapists N = 34
Larger caseloads for staff	83%	26%	32%
Changed method of service delivery (e.g., from one-on-one to group sessions)	40%	13%	29%
Assistants were hired	NA	13%	35%
Aides were hired	0%	9%	0%
No staff changes were made	3%	35%	26%
Staff affected in other ways [b]	20%	22%	29%

a - Respondents were able to select more than one answer.
b - For example, districts contracted for services or assistants provided more direct services.

Effect on students

Being unable to fill open therapy positions also has an effect on students, as summarized in Exhibit 9. Of the districts and ESCs with unfilled speech-language therapist positions during the 1997-1998 school year, most preferred to either reduce the frequency

(57%) or the duration of the therapy sessions (57%). Thirty percent reported that students went without services when they could not hire a speech-language pathologist to fill an open position.

For districts and ESCs with unfilled physical therapy positions during the school year, students most often went unserved (39%) or the frequency of the sessions were reduced (35%). Thirty percent of the districts and ESCs reported that students were unaffected due to open physical therapy positions. For districts and ESCs with unfilled occupational therapy positions, 50% reduced the frequency of sessions and 47% reported that students went without services.

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Exhibit 9
How Students are Affected by Unfilled Therapy Positions

Strategies [a]	Percent of Districts		
	Speech-language Pathologists N = 30	Physical Therapists N = 23	Occupational Therapists N = 34
Frequency of sessions are reduced	57%	35%	50%
Duration of sessions are reduced	57%	22%	26%
Students go without services	30%	39%	47%
Receive therapy from non-certified staff	20%	0%	9%
Students were not affected	13%	30%	18%
Students are placed out of the district	3%	9%	15%
Students are affected in "other" ways [b]	10%	4%	9%

a - Respondents were able to select more than one answer.
b - For example, students went to hospitals for services or received services at home.

Changes in service delivery

There are at least three methods of service delivery that are used in school settings. Therapists who spend time with students individually or in small groups outside of the regular classroom use the traditional "pullout" model. When the therapist works with children in the classroom and integrates the curriculum into the sessions, she is using the classroom-based or "integrated" model. Finally, collaborative consultation is a service delivery option that involves the therapist, the teacher, and the parents working together to develop and meet the goals of the treatment plan.

The method of service delivery should be based on the unique needs of the children and change as the needs of the children change. However, as shown in Exhibit 8, some districts and ESCs change the method of service delivery when they cannot find the therapists they need. Virtually all of the speech-language pathologists we interviewed reported providing more services in group settings because of the increasing number of children they serve. In addition, more children were served by "consultation" with teachers instead of direct services by the therapist.

Effects of contracting

When school districts or ESCs cannot find therapists to hire as regular employees, they often try to contract with private companies, or even self-employed therapists, to provide related services to children with disabilities.

Contracting has both benefits and drawbacks. In addition to the interviews noted above, we also contacted four special education administrators who reported on the LOEO questionnaire that they contracted privately with one or more type of therapist. The responses from all sources were fairly consistent on what school districts gain and lose from contracting.

Benefits

- Contracting provides a supply of people when no one else can be found. Therapy services are "covered," thus avoiding any legal action for not providing them;
- Districts do not have to go through the hiring process or deal with local unions when they contract instead of employ therapists;
- When needs change, it is easier to terminate or amend a contract than to lay off an employee;
- It is easier to end a contract for providing poor service than it is to terminate a poor performing employee;
- Contractors, rather than the school district, assume legal liability for therapists' actions;
- Contractors generally have years of experience, so they provide high quality services;
- Some districts find good therapists to hire through the contracting arrangement; and
- For some districts, it can be cost effective to contract depending on the hourly rate charged.

Drawbacks

- It can cost more to contract when the hourly rate is paid not only for therapy sessions, but for meetings, paperwork, staff development, and travel time;
- In most settings, contractors only provide the therapy service itself; they do not perform *all* of the duties of a district-employed therapist, such as attending meetings, identifying new children who have disabilities, and working with classroom teachers and parents;
- Most contractors only have medical backgrounds and do not understand the needs of the child in a school setting or how to do Individual Education Programs and other documentation;
- There can be a lack of continuity of treatment if the agency sends different therapists to the same school. In addition, schools have to train each new therapist about working in a school setting; and
- If the therapist is not doing a good job, the district has to cancel the contract rather than terminate a particular therapist.

In sum, school districts use a number of strategies to compensate for therapy positions that go unfilled: therapists' caseloads increase; the frequency and length of therapy sessions decrease; some students go without services; and physical or occupational therapy assistants are hired. Even though many districts contract for services, contracting has benefits and drawbacks.

CHAPTER VI
CONCLUSIONS AND RECOMMENDATIONS

Although there was an overall shortage of therapists in the past, this situation is changing. Historically, schools have had trouble competing with health care settings for therapists, especially when there were shortages. LOEO's questionnaire results show that 46% of Ohio school districts and educational service centers (ESC) reported conditions of a shortage in one or more of the therapy professions addressed in this report.

More specifically, about one-third reported conditions of a shortage for speech-language pathologists and about one-fourth reported them for physical and occupational therapists. Very few reported conditions of a shortage for audiologists. Consistent with national workforce studies, school districts located in rural and large urban areas are experiencing the most difficulty finding therapists.

Districts use a number of strategies to compensate for insufficient numbers of therapists. Therapists' caseloads increase, the frequency and length of sessions decrease, some students go without services, or assistants are hired for physical or occupational therapy. Even though many districts contract for services, contracting has benefits and drawbacks.

Although national workforce studies a decade ago described a shortage of therapists, more recent studies have concluded that the shortages will begin to diminish this year. The following changes in the health care industry are expected to alleviate past shortages:

- The emergence of managed care, which has dramatically controlled and reduced the amount of money being spent on health care in general and therapy services in particular;
- The Balanced Budget Act of 1997, which capped Medicare spending for therapy services and created a new billing system that reduces reimbursements for therapy services; and
- The increased use of therapy assistants and aides.

Because of these changes in the health care industry, there is a projected decrease in the number of jobs for therapists in health care settings such as hospitals, nursing homes, clinics, and private practices. Because these settings compete with public schools for therapists, there is now an opportunity for school districts to hire the therapists they need. However, to attract therapists leaving health care settings, districts will need to improve their working environments by addressing the following:

- Lower salaries;
- Larger caseloads;
- Lack of designated or appropriate space for treatment;
- Traveling long distances between schools on the same day;
- Large amounts of paperwork without clerical assistance; and
- Lack of contact with and support from other professionals.

In addition, because the Ohio Department of Education requires education course work and student teaching for speech-language pathologists and audiologists to work in schools, these additional requirements may discourage these therapists from moving from health care settings to schools.

Recommendations

Improving the public school working environment for therapists

Recent changes in the health care industry could result in an increase in the number of therapists available to work in schools. This represents an opportunity for school districts to hire the therapists they need and thereby reduce caseloads and improve services to children. In order to attract and retain the available therapists, however, districts need to create a working environment where therapists are viewed as an important part of the education process.

LOEO recognizes that recent changes in state funding for special education make it difficult for school districts to predict how much they can devote to improving the salaries and facilities for related service personnel. However, districts having difficulty attracting and retaining therapists should examine the following strategies and consider which ones could work, given their local conditions.

LOEO recommends:

- Not linking therapists' salaries to teacher salary schedules. This would allow districts to offer therapists salaries that are more competitive in their area of the state, particularly starting salaries.
- Providing therapists with more clerical assistance to allow them to devote more time to providing therapy. This could include providing therapists with computers and therapy aides to help with paperwork. Hiring therapy assistants could be considered for physical and occupational therapy.
- Providing therapists with appropriate space for providing treatment and completing paperwork.

Medicaid paperwork

LOEO found that therapists in both health care and school settings spend considerable time on paperwork. Medicaid paperwork was identified as being particularly burdensome. In addition to using computers and providing more clerical assistance, school therapists would benefit from a reduction in Medicaid paperwork. Although the Department of Mental Retardation and Developmental Disabilities, which administers the Medicaid program for schools, has permitted therapists to use less burdensome methods to document the services they provide, many school districts have not taken advantage of this option.

LOEO recommends:

- The Ohio Department of Education work with school districts to adopt the least burdensome method of documenting therapy for Medicaid reimbursement.

Temporary license for speech-language pathologists

Am. Sub. S. B. 96 required the Ohio Board of Regents to study the college programs preparing therapists in Ohio. Because LOEO did not study the preparation programs, we do not know whether all the current requirements for working in schools are necessary. However, ODE's education course work and student teaching requirements may discourage board-licensed speech-language pathologists from moving from health care to school settings. A new temporary license may help this transition.

LOEO recommends:

- As specified in Am. Sub. S. B. 96, the Ohio General Assembly allow the current speech-language pathologist temporary license to expire on January 1, 2002.

- The Ohio General Assembly give the Ohio Department of Education the authority to issue new temporary licenses to speech-language pathologists who hold professional board licenses but who have not taken the education courses or completed the student teaching requirements needed to work in schools. Renewal of this temporary license should be contingent on making satisfactory progress toward meeting the ODE requirements to work in schools.

Exposure to school settings

Some therapists told LOEO that students are given little information about working in schools. As a result, some students may graduate without being aware that public schools are viable places to practice. In addition, each school district does their own advertising to fill open positions rather than use more centralized recruiting methods. The Ohio Department of Education has a central location for advertising job openings that school districts could use. Exposing students to public schools is even more important as the job opportunities in health care settings dwindle.

LOEO recommends:

- The Ohio Department of Education create a new liaison position to increase the communication between college physical and occupational therapy programs and school districts. At a minimum, this liaison should work with college programs to ensure that students are aware of career opportunities in school settings and that more centralized recruiting methods are used.

- The Ohio Board of Regents encourage colleges that prepare speech-language pathologists to establish more clinical rotations in school settings. This would allow students to become more knowledgeable of working in schools, perhaps resulting in more students selecting this path of specialization.

- The Ohio Board of Regents review the college programs that prepare therapists to determine to what extent students are being introduced to public school settings. In addition, these college programs should track how many of their recent graduates work in public school settings and the Ohio Board of Regents should report these numbers to the Ohio General Assembly on a biennial basis.

Requirements for therapists to work in schools

The requirements for speech-language pathologists and audiologists to work in schools are different than those for physical and occupational therapists. Specifically, speech-language pathologists and audiologists must complete education course work and have student teaching experience in order to work in schools; physical and occupational therapists have to obtain a professional board license which requires no background on how schools work. LOEO believes the question of whether such requirements are necessary is worth exploring.

LOEO recommends:

- The Ohio Department of Education work with the college speech-language pathology and audiology programs in the state, the licensing board, and the various professional associations to explore the necessity of the education course work and student teaching requirements.

- The Ohio Department of Education work with the various college physical and occupational therapy programs, the licensing board, and the various professional associations to ensure that therapists and therapy assistants working in schools have the necessary background and training to effectively provide services to students in elementary and secondary schools.

Increasing the supply of therapists in rural and large urban areas

LOEO found that the school districts located in rural and large urban areas of Ohio are having the most difficulty finding therapists. A number of strategies could be explored to make these areas more attractive places for therapists to locate and to work.

LOEO recommends:

- The Ohio Board of Regents examine the usefulness of the following strategies to attract therapists to schools in under-served geographic areas:

    - Programs that offer scholarships and stipends to students preparing to become therapists who agree to provide services for a specified number of years in schools located in under-served geographic areas;
    - College loan forgiveness programs; and
    - Colleges of speech-language pathology and audiology, physical therapy, and occupational therapy place more emphasis in recruiting potential students from geographic areas where therapists are difficult to find.

APPENDICES

Appendix A
How Districts Arrange for Related Services

How special education related services are administered and who provides them depends on the district. Large city districts usually employ most or all of the therapists that work in their schools. Smaller districts, on the other hand, often find it more practical to contract with private providers, or arrange for services from a nearby district, County Board of Mental Retardation and Developmental Disabilities (MR/DD), or Educational Service Center (ESC). Of these types of arrangements, school districts tend to use nearby school districts and ESCs the most often.

Am. Sub. H.B. 650 and Am. Sub. H.B. 770 of the 122nd General Assembly changed unit funding to a weighted per-pupil reimbursement system. These changes, which are taking effect during the 1998-1999 school year, are certain to affect some of these district arrangements. The extent of the changes to these arrangements is unclear at this time.

Private providers. School districts and ESCs contract with private providers of therapy. Ohio law permits districts to contract with private providers of speech therapy only if they have attempted and failed to employ a qualified speech-language pathologist; it places no limitations on contracting with physical therapists or occupational therapists.

The contract arrangements vary from district to district. Some districts contract with individual therapists, paying them an hourly wage. Other districts contract with staffing agencies or private practices that agree to make sure someone will provide therapy to students on an as needed basis, but that "someone" will not necessarily be the same person throughout the year.

Other school districts. School districts may contract with other school districts that employ related services personnel or subcontract with other districts for a therapist's services.

County Boards of Mental Retardation and Developmental Disabilities (MR/DD). Under the unit funding system, County Boards of MR/DD often provided staff to public schools or house their state-funded units in public schools. Prior to the Education of All Handicapped Children Act in 1975, many school districts automatically assigned children with IQs less than 70 to a school operated by the County Board of MR/DD. Because MR/DD schools served only children with special needs, they were considered "segregated settings." With the Education of All Handicapped Children Act, these segregated settings were deemed inappropriate placements for children capable of functioning in regular classrooms, which are considered the "least restrictive environment." Thus, the number of separate school buildings that MR/DD operates has decreased.

As the focus of MR/DD services has shifted away from operating schools, the County Boards of MR/DD have redirected their financial resources to other services. Ohio Administrative Code requires county MR/DD boards to develop comprehensive service plans and provide case management, transportation, early childhood programs, home support, adult programs, and family resource services.

Educational Service Centers. Educational service centers (ESC), having evolved from County Boards of Education, provide direct services to students primarily from local districts. Under Ohio's former unit funding system, the state directly paid the ESC an amount per unit based on teacher salaries and equipment costs, and the ESC was responsible for all education services for children in each unit.

The ESC hires the special education classroom teacher and employs, or contracts with, all therapists providing related services. The ESC may locate its classrooms in buildings owned by districts, schools operated by County Boards of MR/DD, or separate facilities. Under unit funding, when a child was part of an ESC unit, the district in which the child resided did not receive state funding for the child. However, if the costs per child in a given unit exceeded the state allocation provided to an ESC, the district in which the student resided used local funds to reimburse the ESC for this "excess cost."

The ESC also employs teachers or therapists who provide itinerant services to students within individual districts. Itinerant therapists may spend one or two days per week in one district, half a day in three additional districts, and spend one day per week at the ESC administrative offices completing paperwork.

Special Education Regional Resource Centers (SERRCs). As an additional resource for districts, sixteen SERRCs provide technical assistance, resources to improve special education instruction, and staff development to school districts, County Boards of MR/DD, and state institutions. Each SERRC has four major responsibilities: program development; educational assessment; operation of instructional resource centers, and providing early childhood services.

Governing boards manage the centers. These boards include school administrators and teachers, parents, and representatives from other community agencies, including MR/DD. SERRCs can provide therapist supervision or facilitate a district's contracting with therapists, but do not directly provide the ongoing services required by students' Individual Education Programs (IEPs).

Appendix B
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Appendix C
Details on the Licensing of Related-Services Personnel

Ohio Department of Education requirements

Current teacher certification standards provide for a *provisional pupil personnel certificate* to be issued to all related-services personnel beginning employment with school districts. Requirements for the certificate are shown in the exhibit below.

Current Provisional Pupil Personnel Certificate (OAC 3301-23-12)

Profession	Professional Board License	Minimum Degree in Professional Field*	Passing Score on National Examination*	Student Teaching Experience	Education Courses
Speech-Language Pathologist and Audiologist	No	Master's	Yes	Yes	Yes
Audiologist	No	Master's	Yes	Yes	Yes
Physical Therapist	Yes	Baccalaureate	Yes	No	No
Occupational Therapist	Yes	Baccalaureate	Yes	No	No

* - Also required for professional board licensure.

The nature of the student teaching experience and education coursework are determined by each "approved" university program. Even though audiologists and speech-language pathologists do not currently need professional licensure to obtain a provisional pupil personnel certificate, they still must pass the National Examination in Speech-Language Pathology or the National Examination in Audiology. These are the same exams given for professional board licensure.

Under Ohio's **new** teacher licensure standards, related-services personnel seeking first-time employment with schools will be issued a *professional pupil services license.* Requirements for the license are shown in the following exhibit.

New Professional Pupil Services License (OAC 3301-24-05)

Profession	Professional Board License	Minimum Degree in Professional Field*	Passing Score on National Examination*	Student Teaching Experience	Education Courses
Speech-Language Pathologist and Audiologist	Yes	Master's	Yes	Yes	Yes
Audiologist	Yes	Master's	Yes	Yes	Yes
Physical Therapist	Yes	Baccalaureate	Yes	No	No
Occupational Therapist	Yes	Baccalaureate	Yes	No	No

* - Also required for professional board licensure.

The change in the ODE licensure requirements for speech-language pathologists and audiologists, reflected in the shaded cells, is the result of Am. Sub. S. B. 230 of the 121st General Assembly.

Amended Substitute Senate Bill 230, 121st General Assembly (1996) requires, after January 1, 2002, that a person have a license issued by the Board of Speech-Language Pathology and Audiology in order to be employed by a school district or by a state agency as an audiologist or speech-language pathologist. The act requires that the Board of Speech-Language Pathology and Audiology waive the examination and educational requirements for any applicant who, on January 1, 2001, holds a current certificate (except for a temporary certificate) issued by the Ohio Department of Education and if: 1) the certificate is in good standing; and 2) the application is filed on or after January 1, 2001, but before January 1, 2002.

Ohio Board of Speech-Language Pathology and Audiology

The professional licensing requirements for speech-language pathologists and audiologists have recently undergone some changes. Current licensing requirements include, but are not limited to, a master's degree including supervised clinical experience and a professional experience year (PEY). Section 4753.06 of the Ohio Revised Code – requirements for licensure – states:

> No person is eligible for licensure as a speech-language pathologist or audiologist unless they have: 1) obtained a broad general education; 2) completed a master's degree; 3) completed an appropriate, supervised, clinical experience; 4) obtained supervised, professional experience; and 5) passed an examination for licensure.

Substitute Senate Bill 179 of the 119th General Assembly created a conditional license that authorizes an individual to practice speech-language pathology or audiology while completing the supervised professional experience year. The professional experience year (PEY) takes place *after* graduation, but is a condition for professional licensure. Speech-language pathologists and audiologists who wish to work in schools can meet ODE's new licensure requirements by obtaining a conditional license from the Ohio Board of Speech-Language Pathology and Audiology and completing their PEY during their first year of employment.

Assistants and aides. Unlike some other states, the Ohio Board of Speech-Language Pathology and Audiology does not license speech-language pathologist or audiologist assistants. The American Speech & Hearing Association (ASHA), while raising concerns about the potential for misuse, does provide guidelines for the training, use, and supervision of speech-language pathology and audiology assistants. According to ASHA guidelines, a speech-language assistant should be supervised by a speech-language pathologist certified by ASHA and licensed by the state.

Aides. Speech-language aides are trained by service providers and licensed by the Ohio Board of Speech-Language Pathology and Audiology. There are only 79 speech-language and audiology aides currently licensed in Ohio, none of whom work in schools.

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

The sole requirement for receiving ODE certification or licensing in occupational or physical therapy is a professional license. Physical and occupational therapists are licensed by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. The minimum educational requirement for a professional license is a baccalaureate degree from an accredited program. After graduating from an accredited program (or in the case of occupational therapy, an accredited program or its equivalent), candidates must pass the National Board for Certification in Occupational Therapy or the National Physical Therapy Exam.

As of January 1, 2002, the Commission on Accreditation in Physical Therapy Education will no longer accredit baccalaureate professional programs. Since the educational requirements for Ohio board licensure must be fulfilled through an accredited program, this change effectively increases Ohio board requirements and therefore ODE requirements from a baccalaureate to a master's degree.

Assistants. The Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board licenses both physical therapist assistants and occupational therapist assistants who work under the supervision of licensed therapists. These assistants have a two-year associate degree that includes one year of general education classes and one year of technical courses. Under the new teacher licensure standards, occupational and physical therapy assistants employed by schools will be required to have an associate license issued by the Ohio Department of Education.

Aides. Although unlicensed, occupational and physical therapy aides are trained and employed by service providers to provide limited and supervised assistance to therapists and therapy assistants. The supervision and direction required for aides is much more stringent than for assistants and the functions they perform are much more clerical and supportive in nature.

Appendix D
National Reports on the Availability of Therapists

As noted in Chapter III, a decade ago, national workforce studies described shortages of speech-language pathologists, audiologists, physical therapists, and occupational therapists. Subsequent studies, however, have concluded that the shortages will begin to diminish this year. This appendix summarizes key points from some of the major workforce studies and describes important changes in health care which affect the availability of therapists.

Four factors have contributed to the high demand for physical and occupational therapists, according to Kathleen Hebbeler in her 1994 report, *Shortages in Professions Working with Young Children with Disabilities and Their Families*:

- Rehabilitation services for the nation's aging population;
- Medical and technological advances allow more individuals, including infants, to survive with serious medical conditions;
- Increasingly diverse numbers of settings and new fields such as sports medicine; and
- Increases in Medicare financing and reimbursement for home health agencies, rehabilitation, and long-term care hospitals.

In the mid 1990s, however, national workforce studies began to report a change in the nature of the demand for health care services, resulting in fewer jobs for fully licensed therapists and other health care professionals.

A 1996 report by Health Policy Alternatives, *Health Care and Market Reform: Workplace Implications for Occupational Therapy* (Market Reform report) projected that there will soon be a balance between the supply of and demand for occupational therapists. A 1997 Vector Research study, commissioned by the American Physical Therapy Association, came to a similar conclusion about physical therapists, and concluded further that there will be a surplus of physical therapists and their assistants by the year 2005.

Several factors have acted together to effect the demand for speech-language pathologists, audiologists, physical therapists, and occupational therapists in health care settings:

1. Emergence of managed care;
2. Cap on Medicare spending; and
3. Increased use of assistants and aides.

Emergence of managed care

During the mid-1990s, a changing "market place" for health care services emerged and private purchasers of health care began to control and reduce the rising cost of health benefits. This was accomplished by expanding the use of managed care, using health care providers such as Health Maintenance Organizations (HMO) and preferred provider organizations. Managed care controls costs by limiting the number of allowable visits to therapists. Authorized visits are determined by the diagnosis and not dependent on the specific needs of each patient. Treatment can be terminated if the managed care provider deems that the patient is not making satisfactory progress. The expected impact of managed care is less provision of all types of therapy.

Medicare spending cap and prospective payments

As part of the federal Balanced Budget Act of 1997, Congress placed caps on Medicare reimbursement of therapy services for patients who are not in hospitals. Reimbursement for occupational therapy services is limited to $1,500. Another $1,500 is allowed for both physical therapy and speech-language therapy combined. The budget act also changed the payment system so that a facility gets reimbursed according to a "fee schedule" rather than for actual costs. This prospective payment system reduces the rate of reimbursement for many health care facilities. In fact, the facilities receive only 80% of the fee schedule, and patients have to pay the other 20%.

These changes went into effect on January 1, 1999. In January, 2001, the Secretary of Health and Human Services is required to report to Congress on the effects of these changes. Several professional associations have been actively trying to persuade members of Congress to eliminate these recent changes in Medicare reimbursement policy.

The Medicare cap and prospective payment system are expected to reduce the amount of therapy services provided, beginning in settings such as nursing homes. Eventually, however, these changes are expected to affect all health care settings. The reaction of facilities has been to reduce the amount of therapy to save costs, resulting in pay cuts and the elimination of some therapy positions.

Some companies already have begun laying off therapists. For example, one month after the changes to Medicare became law, members contacted the American Speech-Language-Hearing Association about job losses and salary cuts. In addition, Vencor, the nation's second largest health care company, laid off more than 1,000 therapists. A company official concluded, "The role of certified therapists has been reevaluated and the mix of employees in Vencor facilities is being changed to reduce costs and maximize efficiency." The Market Reform report concluded:

> They [payers such as Medicare and private insurance companies] are focusing on trying to get care delivered by the least trained people qualified to complete most of the tasks. They seek to employ, or contract with, a mix of individuals to provide services and do not engage only the most educated or even the most experienced practitioners to get the work done.

Some therapy services, particularly for low-income families, are covered by Medicaid. Since 1990, Medicaid has become a major source of funding for state and private programs to serve the needs of developmentally disabled people and for nursing home and home health care. According to the Market Reform report, Medicaid expenditures to managed care programs grew an average annual rate of 29.4% from 1988 to 1993.

Increased demand for assistants and aides

The Market Reform and Vector Research reports project an increase demand for physical and occupational therapy assistants and aides by corporations to reduce costs. In fact, these studies expect therapy assistants to enter the workforce at a higher rate than fully licensed therapists.

As noted in the body of this report, the speech-language pathology and audiology profession discourages the use of assistants. The profession does support the use of lesser trained speech-language aides. As a result, there may be an increase in the use of aides in speech-language pathology and audiology or health care providers may chose not to offer these services at all.

Appendix E
LOEO Questionnaire Results
Conditions Indicating a Shortage of Therapists to Work in Schools

As noted in Chapter III, LOEO sent a questionnaire to special education administrators throughout Ohio asking if they experienced any of the following conditions while trying to hire speech-language pathologists, physical therapists, and occupational therapists:

- had an unfilled position as of October 1, 1997 for the 1997-1998 school year; or
- took more than three months to hire for the most recent open position; or
- took more than three months to hire for a position in the last five years.

For speech-language pathologists, we asked if two additional conditions were present:

- employing pathologists with a temporary license to work in schools; or
- employing pathologists with no certification or temporary license.

The overall results from the survey are discussed in Chapter III. This appendix provides further detail on two of the conditions indicating a shortage. It also contrasts the number of district administrators who *perceive* there is a shortage with the number of districts actually showing conditions of a shortage.

Unfilled positions. Being unable to fill open positions before the school year begins is one sign of a shortage. The following exhibit shows the number and percent of districts and ESCs that were unable to fill all open positions for the 1997-1998 school year by October 1, 1997. A slightly higher percentage of districts were unable to fill all of their physical and occupational therapist positions than either speech-language pathology or audiology positions.

Districts and ESCs With Unfilled Positions as of October 1, 1997

Profession	Districts and ESCs with Open Positions to Fill for the 1997-1998 School Year	Districts and ESCs With Unfilled Positions as of 10/1/97	
		Number	Percent
Speech-Language Pathologists	106	20	19%
Audiologists	14	2	14%
Physical Therapists	57	14	25%
Occupational Therapists	72	16	22%

Length of time to fill positions. LOEO asked districts and ESCs for the longest period of time a position had remained open in the past five years. The exhibit below displays the number and percent of districts and ESCs that took longer than three and longer than six months to hire for an open position in the last five years. More districts and ESCs have difficulty hiring for physical and occupational therapist positions than speech-language pathology positions.

Length of Time to Hire for a Position in the Last Five Years*

Profession	Number of Districts and ESCs Hiring a Therapist	Percent Taking More than 3 Months	Percent Taking More than 6 Months
Speech-Language Pathologists	147	39%	13%
Audiologists	23	0%	0%
Physical Therapists	53	66%	36%
Occupational Therapists	74	55%	32%

* The LOEO questionnaire asked only about districts' attempts to *hire* therapists, not about their attempts to contract for therapists during this time.

Perceived shortages vs. reported shortages. The next exhibit contrasts the percent of administrators who stated that, from their perspective, there were insufficient numbers of therapists willing and able to work in school districts with the percent whose districts and ESCs are actually experiencing any of the conditions of a shortage.

Districts' and ESCs' Perception versus Experience of Shortages in Schools

Profession	Districts and ESCs Employing or Contracting with Therapists	Insufficient Numbers of Therapists*	
		Perception*	Experience
Speech-Language Pathologists	260	61%	35%
Audiologists	79	30%	3%
Physical Therapists	194	76%	23%
Occupational Therapists	202	76%	23%

*Although not asked about for this study, school districts volunteered that they also perceive insufficient numbers of psychologists (48%), counselors (28%), and nurses (27%).

Administrators perceive the shortage of therapists to be more severe than what districts and ESCs are actually experiencing. For example, although 76% of responding districts *believe* that there is an insufficient number of physical therapists, only 23% report conditions of actually having a shortage.

Appendix F
LOEO Questionnaire Results by Geographic Region

As noted in Chapter III, LOEO sent a questionnaire to special education administrators throughout Ohio asking if they experienced indications of a shortage for speech-language pathologists, audiologists, physical therapists, and occupational therapists. The overall results from the survey are discussed in Chapter III. This appendix provides further detail on where the shortages occur across nine geographic regions of the state.

Although the results vary by kind of therapist, the heaviest concentration of shortages are found in Regions 2, 5, and 6, the West Central, South Central, and South East areas of Ohio. The shaded cells report percents greater than the statewide average.

Percent of School Districts and ESCs Reporting Shortages by Geographic Region

Geographic Regions	Speech-Language Pathologists	Physical Therapists	Occupational Therapists
Region 1 South West	15%	36%	40%
Region 2 West Central	64%	27%	27%
Region 3 North West	29%	18%	23%
Region 4 North Central	31%	29%	42%
Region 5 South Central	50%	40%	13%
Region 6 South East	50%	30%	11%
Region 7 East Central	39%	28%	26%
Region 8 North Central	26%	7%	9%
Region 9 Central	32%	24%	33%
Statewide average	35%	23%	23%

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The counties included in each of these regions are listed below.

Counties in Each Geographic Region

Region 1
(South West)
Butler
Clermont
Clinton
Greene
Hamilton
Preble
Warren

Region 2
(West Central)
Auglaize
Champaign
Clark
Darke
Logan
Mercer
Miami
Montgomery
Shelby

Region 3
(North West)
Allen
Defiance
Fulton
Hancock
Henry
Lucas
Paulding
Putnam
Van Wert
Williams
Woods

Region 4
(North Central)
Ashland
Erie
Huron
Lorain
Medina
Ottowa
Sandusky
Seneca
Wayne

Region 5
(South Central)
Adams
Brown
Fayette
Gallia
Highland
Jackson
Lawrence
Pickaway
Pike
Ross
Scioto

Region 6
(South East)
Athens
Fairfield
Guernsey
Hocking
Meigs
Monroe
Morgan
Muskingum
Noble
Perry
Vinton
Washington

Region 7
(East Central)
Belmont
Carroll
Columbiana
Harrison
Holmes
Jefferson
Mahoning
Stark
Tuscarawas

Region 8
(North East)
Ashtabula
Cuyahoga
Geauga
Lake
Portage
Summit
Trumbull

Region 9
(Central)
Crawford
Delaware
Franklin
Hardin
Knox
Licking
Madison
Marion
Morrow
Richland
Union
Wyandot

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COMMENTS

Committee Comments

- **Representative J. Donald Mottley**

Agency Comments

- **Ohio School Speech Pathology Educational Audiology Coalition**

  - **LOEO Response**

Ohio House of Representatives

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J. DONALD MOTTLEY
State Representative

COMMITTEES:
Ways and Means, Chairman
Joint Committee on Agency Rule Review, Chairman
Finance and Appropriations
Primary and Secondary Education Subcommittee
State Government

July 1, 1999

Dr. Nancy Zajano, Director
Legislative Office of Education Oversight
77 South High Street, 22nd Floor
Columbus, OH 43266-0927

Re: "Availability of Therapists to Work in Ohio Schools"

Dear Dr. Zajano:

I am pleased to enclose the following comments regarding the Legislative Office of Education Oversight's excellent research project on the availability of therapists to work in Ohio schools.

First, I would recommend that the training for speech-language pathologists, audiologists and physical and occupational therapists be designed so that practitioners are trained and licensed to work both in the school and health care setting. This will improve the mobility of these professionals between these two settings, and will allow more to serve simultaneously in both settings where appropriate. No evidence was presented that would show a need for substantially different qualifications between the two settings.

The recommendation that therapists salaries not be linked to teachers salaries schedule may be problematic under current law, in that therapists are part of the teachers' bargaining units in most districts and are thus covered by the teachers' collective bargaining agreement. Perhaps we should consider legislation to require that these professionals be on a separate salary schedule, even if they are part of the same bargaining unit.

With these comments, I support the other recommendations of the Legislative Office of Education Oversight. Please include this letter in the appendix to the final report.

Sincerely,

Don Mottley

J. Donald Mottley
State Representative
Member, Joint Legislative Committee
on Education Oversight

JDM:ls

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Ohio School Speech Pathology Educational Audiology Coalition

Daniel Dallante, Legislative Relations Manager
1162 Newark Road, Granville, Ohio 43023 (740) 964-1000

Response to the Final Draft of the Legislative Office of Educational Oversight Report on the Availability of Therapists to Work in Ohio Schools

The Legislative Office of Educational Oversight's (LOEO) Final Draft addresses many important challenges encountered by professionals, students, and parents who are associated with the profession of speech-language pathology and audiology. The Ohio School Speech Pathology and Educational Audiology Coalition (OSSPEAC) agrees with many of the findings contained in this report, and wishes to express its profound gratitude for the many hours exerted in the compilation of these findings. However, OSSPEAC respectfully offers the following modifications for further consideration by the LOEO committee:

1. The scope of practice of the speech-language pathologist and the communicative needs of students attending school have changed dramatically over the past twenty years. It is important for legislators to understand that a more thorough definition of the role of the speech-language pathologist is helpful in understanding the issues which effect availability of these professionals and the services they provide.

Speech-language pathologists: Speech-language pathologists (SLPs) evaluate, diagnose, treat and prevent communication disorders by providing direct and indirect services to learners, parents, educators, and administrators. Communication disorders include articulation/phonology disorders (e.g., Inability to produce the correct sounds at the right times, resulting in poor intelligibility), language problems (e.g., Syntax = language form, Semantics = language vocabulary/content, Morphology = word meaning such as 'ed', 'ing', 'plural' markers, Phonology = sound production and phonetic reading systems, and Pragmatics = language use, initiation, and conversational maintenance), stuttering disorders, voice disorders, neurological disorders, and physiological and anatomical disabilities. These problems range from mild to severe and adversely effect a student's educational performance. Further, the more that is learned about language as the cornerstone to literacy development, the more the expertise of the SLP as the resident language expert is needed to address student's speaking, listening, reading, and writing difficulties. Many disorders can often be corrected if diagnosed and treated early.

SLP's caseloads have decreased in size over the past 20 years due to the rising population of learners possessing severe communication disorders, and an array of different types of language based disorders that are now being served in the schools. In 1960, SLPs caseloads averaged 111 learners per one full-time SLP, while 81% of their caseloads involved children with articulation disorders and 4.5% with language disorders.

Conversely, (based on the most recent ASHA survey) the average caseload today is around 50 students to one full time SLP. Approximately, 50% of the children served are moderately impaired and 21% are severely impaired. Further, 28% of these children possess articulation/phonology disorders, 42% possess language disabilities, 5% have central auditory processing deficits, 4% are in need of AAC, and 13% possess cognitive communication disorders. A survey of school SLPs conducted by the Ohio Department of Education in 1998 found approximately half (e.g., 47%) of the students receiving speech-language services possessed articulation problems. This survey found 74% of this group of students to have mild to moderate articulation disorders. The communicative needs of learners today have changed dramatically as supported by the changing size, composition, and severity of an SLPs caseload.

The scope of an SLPs practice has broadened which demand new clinical and educational competencies. School SLPs now need expertise in such areas as providing diagnostics and intervention for children with neurogenic communication disorders (e.g., Traumatic Brain Injury (TBI) disorders, Developmental Apraxia disorders, Central Auditory Processing (CAP) disorders, Pervasive Developmental Disorders (PDD). The role of SLPs in schools has also changed as more is learned about the linkages between language development and literacy competency. Literacy consists of knowing how to speak, listen, read, and write competently as mentioned. Learning in classrooms critically depends on the child's communicative skills, because communication mediates learning. The SLPs role has expanded to serving learners with language-learning disabilities as well as working with classroom teachers to produce literate, and educated learners who will not only be able to pass the state's proficiency exams, but who will also grow to be contributing members of society.

Audiologist: Audiologists provide services to preschool and school age learners ranging in age from birth through twenty-one years of age, P.L. 457 (1986). These professionals conduct comprehensive hearing and auditory processing evaluations, provide management for hearing aids, classroom amplification, and other assistive devices, participate in multidisciplinary Individual Education Plans (IEPs) and Intervention Assistance Teams (IATs), other team meetings, provide counseling and guidance to families and students with hearing problems, provide training to educators and students, create and coordinate hearing screening programs, provide medical and community referrals, maintain and calibrate audiology equipment, educate about hearing conservation, provide therapy in the areas of speech reading (e.g., Lip Reading), listening, auditory training and make suggestions regarding classroom acoustics. (Refer to the Federal IDEA-Part H P.L. 94-142 (1977), and state guidelines for scope of full or part time practice.

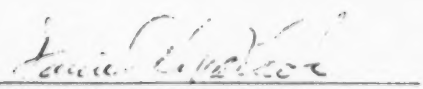
2. OSSPEAC does not agree with the LOEO's findings that there will not be an availability shortage of SLPs in the future. This report may lead to perceptions that are not fully based on caseloads of SLP/As which are outdated, research amassed over the past decade which addresses the language and literacy connection, concepts of

prevention contained in Rules for Handicapped Children (1984), or the changing performance trends measured over the past two decades which will undoubtedly impact learners in the future. These are concerns of many professionals in the field.

OSSPEAC sites two reasons there may be shortages of SLPs in the future which were not fully developed in this report. The reason there may be an availability problem in the future is as follows:

1. It was in 1975 that P.L. 94-142 was instituted. This created a large demand for speech-language pathologists, among other special educators. When considering the age of SLPs who are presently employed in schools, it is believed that an inordinate number of SLPs will be retiring in the year 2005 because of the increase of SLPs resulting from P.L. 94-142. This report sites how the infusion of SLPs from clinical settings will offset this attrition shortage due to changes in Medicaid and Medicare funding. However, there is no guarantee this population of SLPs will be expanded, nor that enough qualified SLPs will gravitate to schools; and

2. This report bases the availability of SLPs on student to SLP ratios that are severely outdated. A 1:80 ratio, or one SLP to every 80 communicatively disabled students, is a ratio that does not take into account the current scope of practice of SLPs working in schools today. This antiquated ratio has been sited by this report to have a negative effect on students. There has not been enough dialogue, study, or revision of current standards which establish these ratios, written over twenty years ago. There is great need for the formation of a legislative committee to study and revise the current Rules for the Education of Handicapped Children, 1984 which establish guidelines on ratios and caseload composition.



Daniel H. Pallante, M.Ed. / SLP
OSSPEAC Director of Professional Relations

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LOEO RESPONSE

It is the practice of the Legislative Office of Education Oversight to include comments of agencies affected by LOEO studies in the final report. LOEO staff may add responses to agency comments to clarify specific issues.

LOEO invited the Ohio Department of Education, the Ohio Board of Regents, and the licensing boards and professional associations related to speech-language pathologists and audiologists, physical therapists, and occupational therapists to add comments to this report. The only comments we received were from the Ohio School Speech Pathology Educational Audiology Coalition (OSSPEAC).

In response to these comments, we note that LOEO's legislative mandate was to investigate whether there is a shortage of speech-language pathologists and audiologists available to treat students in schools. Schools were determined to be experiencing a shortage if they had a position that went unfilled or took an inordinate amount of time to fill. As noted on page 10 of the report, we did not study whether there is a shortage of *positions* to meet the needs of students in districts.

Although it may be advisable for the speech-language profession to revisit the existing standards regarding the ratio of students per speech-language pathologist, LOEO did not investigate whether these standards are adequate.

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